

STATE OF MISSISSIPPI n/b  
n/b

May 19 11 02 AM '95

BK 285 PG 576  
W.E. DAVIS CH. CLK.  
by: P. Stankay scREMO TESTOLIN  
GRANTOR

TO

WARRANTY DEED

JAMES M. MINGA, ET UX,  
GRANTEES

FOR AND IN CONSIDERATION of the sum of Ten Dollars, (\$10.00), cash in hand paid, and other good and valuable consideration, the receipt and sufficiency of which is hereby acknowledged, I, REMO TESTOLIN do hereby sell, convey and warrant unto JAMES M. MINGA and wife, BARBARA G. MINGA as tenants by the entirety with full rights of survivorship and not as tenants in common, the land lying and being situated in Desoto County, Mississippi, more particularly described as follows, to-wit:

Lot 115, Section "A", Eastover Subdivision, in Section 29, Township 1 South, Range 6 West, Olive Branch, Desoto County, MS, recorded in Plat Book 12, Pages 32, in the Chancery Clerks Office, Desoto County, Mississippi.

The warranty in this deed is subject to subdivision and zoning regulations in effect in Olive Branch and Desoto County, Mississippi, and rights of way and easements for public roads and public utilities, and restrictive covenants of record for said subdivision.

WITNESS MY SIGNATURE this the 12th day of May, 1995.

Remo Testolin  
REMO TESTOLIN

STATE OF MISSISSIPPI  
COUNTY OF DESOTO

THIS DAY personally appeared before me the undersigned authority in and for the above county and state, the within named REMO TESTOLIN who acknowledged that he signed and delivered the above and foregoing Warranty Deed on the day and year therein mentioned, as his free and voluntary act and deed.

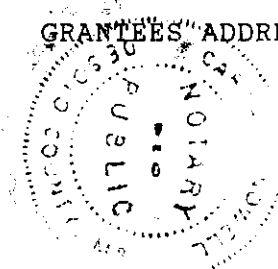
GIVEN UNDER MY HAND and official seal of office, this the 12th day of May, 1995.

Carra A. Powell  
NOTARY PUBLIC

NOTARY COMMISSION EXPIRES  
MY COMMISSION EXPIRES April 18, 1997  
BONDED THRU NELDEN-MARCHETTI, INC.

GRANTORS ADDRESS AND PH NO. 7286 Kingcrest Olive Branch, MS 38654  
(H) 895-7641 (W) None

GRANTEES ADDRESS AND PH NO. 7260 Holly Grove Drive Olive Branch, MS 38654  
(H) 895-1282 (W) 367-2880



PREPARED BY  
LESLIE B. SHUMAKE, JR.  
ATTORNEY AT LAW  
P.O. BOX 803  
6219-A COCKRUM  
OLIVE BRANCH, MS 38654  
601-895-5565

## CERTIFICATE OF DEATH

STATE FILE NUMBER

OK

DECEDENT

VITAL TRACT

PARENTS

INFORMANT

DISPOSITION

REGISTRAR

CERTIFIER

OR MEDICAL EXAMINER EX-CERTIFICATE COMPLETE AND AL CERTIFICATION WITHIN 48

CAUSE OF DEATH

CAUSE OF DEATH

1. DECEDENT'S NAME (First, Middle, Last) <b>Isabella Testolin</b>				2. SEX <b>F</b>		3. DATE OF DEATH (Month, Day, Year) <b>Feb. 28, 1989</b>	
4. SOCIAL SECURITY NUMBER <b>4585</b>		5a. AGE - LAST BIRTHDAY (Years) <b>72</b>		5b. UNDER 1 YEAR MONTHS <b>0</b> DAYS <b>0</b>		5c. UNDER 1 DAY HOURS <b>0</b> MIN. <b>0</b>	
6. DATE OF BIRTH (Month, Day, Year) <b>Sep. 16, 1916</b>				7. BIRTHPLACE (City and State or Foreign Country) <b>Walter, Wisconsin</b>			
8. WAS DECEDENT EVER IN U.S. ARMED FORCES? 1 <input type="checkbox"/> Yes 2 <input checked="" type="checkbox"/> No				9a. PLACE OF DEATH (Check only one) HOSPITAL: 1 <input checked="" type="checkbox"/> Inpatient 2 <input type="checkbox"/> ER/Outpatient 3 <input type="checkbox"/> DOA 9b. CITY, TOWN, OR LOCATION OF DEATH <b>Memphis</b> 9c. COUNTY OF DEATH <b>Shelby</b>			
9b. FACILITY NAME (If not institution, give street and number) <b>Baptist Central Hospital</b>				10. MARITAL STATUS—Married, Never Married, Widowed, Divorced (Specify) <b>married</b>			
11. SURVIVING SPOUSE (If wife, give maiden name) <b>Remo R. Testolin</b>				12a. DECEDENT'S USUAL OCCUPATION (Give kind of work done during most of working life. Do not use retired.) <b>Housewife</b>			
12b. KIND OF BUSINESS/INDUSTRY <b>Homemaker</b>				13a. RESIDENCE—STATE <b>Miss.</b>			
13b. COUNTY <b>DeSoto</b>				13c. CITY, TOWN OR LOCATION <b>Olive Branch</b>			
13d. STREET AND NUMBER OR RURAL LOCATION <b>7286 King Crest Road</b>				14. WAS DECEDENT OF HISPANIC ORIGIN? (Specify Yes or No—If yes, specify Cuban, Mexican, Puerto Rican, etc.) <input type="checkbox"/> Yes <input checked="" type="checkbox"/> No			
15. RACE—American Indian, Black, White, etc. (Specify) <b>White</b>				16. DECEDENT'S EDUCATION (Specify only highest grade completed) Elementary/Secondary (0-12) <b>5</b> College (1-4 or 5-7) <b>7</b>			
17. FATHER'S NAME (First, Middle, Last) <b>Joseph Fontana</b>				18. MOTHER'S NAME (First, Middle, Maiden Surname) <b>Teresa Santin</b>			
19a. INFORMANT'S NAME (Type/Print) <b>Mr. Remo R. Testolin</b>				19b. RELATIONSHIP TO DECEASED <b>husband</b>			
19c. MAILING ADDRESS (Street and Number or Rural Route Number, City or Town, State, Zip Code) <b>7286 King Crest Rd. Olive Branch, Ms. 3865</b>				20a. METHOD OF DISPOSITION 1 <input checked="" type="checkbox"/> Burial 2 <input type="checkbox"/> Cremation 3 <input type="checkbox"/> Removal from State 4 <input type="checkbox"/> Donation 5 <input type="checkbox"/> Other (Specify) <b>Blocker Cemetery</b>			
20b. PLACE OF DISPOSITION (Name of cemetery, crematory, or other place) <b>Olive Branch, Ms. 38654</b>				21a. SIGNATURE OF FUNERAL DIRECTOR <b>FD394</b>			
21b. LICENSE NUMBER OF FUNERAL DIRECTOR <b>FD394</b>				21c. SIGNATURE OF EMBALMER <b>FS387</b>			
21d. LICENSE NUMBER OF EMBALMER <b>FS387</b>				22a. NAME AND ADDRESS OF FUNERAL HOME <b>Brantley Funeral Home 6875 Cockrum Olive Branch, Ms. 38654</b>			
22b. LICENSE NUMBER OF FUNERAL HOME <b>FE117</b>				23. REGISTRAR'S SIGNATURE <b>24. DATE FILED (Month, Day, Year)</b>			
25a. PHYSICIAN — To the best of my knowledge, death occurred at the time, date, and place, and due to the cause(s) and manner as stated. 1 <input type="checkbox"/> SIGNATURE AND TITLE OF PHYSICIAN <b>25b. LICENSE NUMBER MD 007751</b>				25c. DATE SIGNED (Month, Day, Year) <b>3/21/89</b>			
25a. MEDICAL EXAMINER — On the basis of examination and/or investigation, in my opinion, death occurred at the time, and place, and due to the cause(s) and manner as stated. 2 <input type="checkbox"/> SIGNATURE AND TITLE OF MEDICAL EXAMINER <b>25b. LICENSE NUMBER</b>				25c. DATE SIGNED (Month, Day, Year) <b>25c. DATE SIGNED (Month, Day, Year)</b>			
27. NAME AND ADDRESS OF CERTIFIER (PHYSICIAN OR MEDICAL EXAMINER) (Type/Print)				28. PART I. Enter the diseases, injuries, or complications that caused the death. Do not enter the mode of dying, such as cardiac or respiratory arrest, shock, or heart failure. List only one cause on each line. IMMEDIATE CAUSE (Final disease or condition resulting in death) → a. <b>Cardiovascular Collapse</b> Sequentially list conditions, if any, leading to immediate cause. Enter UNDERLYING CAUSE (Disease or injury that initiated events resulting in death) LAST b. <b>Acute Myocardial Infarction</b> c. <b>Due to (or as a consequence of):</b> d. <b>Due to (or as a consequence of):</b>			
PART II. Other significant conditions contributing to death but not resulting in the underlying cause given in Part I.				29a. WAS AN AUTOPSY PERFORMED? 1 <input type="checkbox"/> Yes 2 <input type="checkbox"/> No			
29b. WERE AUTOPSY FINDINGS AVAILABLE PRIOR TO COMPLETION OF CAUSE OF DEATH? 1 <input type="checkbox"/> Yes 2 <input type="checkbox"/> No				30. MANNER OF DEATH 1 <input type="checkbox"/> Natural 5 <input type="checkbox"/> Pending Investigation 2 <input type="checkbox"/> Accident 6 <input type="checkbox"/> Could not be Determined 3 <input type="checkbox"/> Suicide 4 <input type="checkbox"/> Homicide			
31a. DATE OF INJURY (Month, Day, Year)				31b. TIME OF INJURY <b>M</b>			
31c. INJURY AT WORK? 1 <input type="checkbox"/> Yes 2 <input type="checkbox"/> No				31d. DESCRIBE HOW INJURY OCCURRED			
31e. PLACE OF INJURY—At home, farm, street, factory, office building, etc. (Specify)				31f. LOCATION (Street and Number or Rural Route Number, City or Town, State)			

BIRTH NO.